

# Editorials

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## New Dimensions for the Art of Medicine

MUCH HAS BEEN WRITTEN and much has been said about the art of medicine. In the centuries and millennia before the present era of scientific medicine, the art loomed large in the practice armamentarium of physicians. Since the advent of modern medical science and patient care, the art has often been viewed as less important whether in medical education or patient care. Perhaps the time has come for a renaissance and to consider anew the role and dimensions of the art of medicine in today's patient care.

The art of medicine has always found its foremost expression in an interaction between a patient who is seeking help and a physician who seeks to give it. This is a very human interaction. In a narrow definition it has been described as the manner and behavior of a physician or other health care provider in delivering care to, and communicating with, a patient. This hardly seems an adequate definition or description. At the very least the art has always sought to win the trust and confidence of a patient in a physician's ability and willingness to help and at the same time to develop a willingness on the part of a patient to accept a treatment program recommended by the physician and then to comply with it. But, whatever the definition, the art of medicine is an intensely human affair and has always been a powerful tool in the relationship between a doctor and a patient. In recent years profound changes have occurred in medicine and society that are beginning to add new dimensions to this relationship and, with this, new dimensions to the art of medicine.

For one example, the role of a patient is changing. Physicians no longer give "orders" to patients without any particular explanation. Nor do patients always, or even almost always, obey the directions that are given. Moreover, it is becoming conventional wisdom in some quarters that it is not the doctor who should decide what to do but rather the patient, who must be informed and then allowed to make his or her own decision as to what will be done or not done. Questions arise. How much information should be given to a patient? How well does, or can, a patient comprehend the pros and cons of the alternatives presented? And then there is the legal doctrine of informed consent, vigorously upheld by the courts in recent years. How to decide what to do, and how and when to do it, in the new kinds of relationships that are coming to exist between doctors and patients is clearly the beginning of a new dimension of a physician's art.

Both physicians and patients now place great faith in medical science and modern technology. But it turns out that medical science is not always precise, although the technology may be more so. It is an arena full of probabilities and possibilities. There are few certainties, except that science and technologies are amoral and inhuman, and no two humans are ever biologically and experientially alike. So generalizations about humans or any groups of humans are risky when applied to any specific individual. The art, however, is a tool that can be applied intelligently and compassionately to help solve the individual problems of specific persons, using appropriate science and technology as indicated by professional judgment, always in the best interest of a particular patient

who is served. And, conventional wisdom and informed consent notwithstanding, the fact is that many decisions in patient care are, and have to be, made unilaterally by physicians. All these judgments, whether scientific or compassionate and human, are, or should be, made in the realm of new and old dimensions of the art as well as of the science of medicine.

There are many other examples of emerging trends that are bringing other new dimensions to this age-old art. Some are particularly well known to practicing physicians who feel their impact almost every day and in almost every relationship with a patient. Among many of these the theme is conflict. When a patient does not have to pay the bill for care, the real payor has an interest that does not always match the interest of that patient. Physicians were always concerned with the cost of care when patients paid the bill, and now they must be concerned with the cost when others pay the bill. Then there are often conflicts of interest when scarce resources are to be used and paid for. Understandably, in all of this conflicts arise among physicians who prescribe care, patients who need care and those who pay for and administer it—these latter often with an imperative to reduce costs and increase profits. And then, there is the ever-present threat of professional liability, of an open conflict between doctor and patient in a court of law. The skillful juggling of potential conflicts such as these has clearly come to be another important dimension in the art of medicine.

Caring for patients in today's health-care environment all too often may seem to be something like a nightmare to many physicians. But looked at in another way, the challenge of these new dimensions of care and of the art of medicine can be exhilarating. The role of a practicing physician is actually coming to be something more akin to that of a conductor of a symphony whose art is to bring the many pieces of an orchestra into harmony to produce a good performance of a specific work. In similar fashion, a physician's art will be to conduct the orchestra of health care for a patient so that all the pieces of the art and science of medicine (including factors in the health-care environment) will harmonize as much as practicable, to render the best possible care for the needs of each particular patient. In a very real sense the physician is on the podium in patient care and is positioned better than anyone else to lead this orchestra of many pieces. It would seem to follow, then, that in today's health-care environment, the physician's art, or the art of medicine, will be to orchestrate all the components in the care of any given patient so that he or she will receive as harmonious, efficient and effective care as possible under the circumstances, whatever these may be.

Is not the art of medicine, defined in this way, now really one of today's greatest challenges to our professional tradition and to our individual personal commitment as physicians? A renaissance, and renewal, of the art of medicine in terms of today's social, economic and political dimensions of patient care is very much needed both in medical education and medical practice. This is surely an exciting and, yes, exhilarating opportunity for the medical profession. And for practicing physicians who look at it this way, it should be fun!

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